PATENT APPLICATION TRANSMITTAL FORM

ASSISTANT COMMISSIONER FOR PATENTS Washington, D.C. 20231

Case	Docket	Nο	20031	002	
Case	Docker	INO.	ZUUSL	ハロス	

A .			Case Docket No. <u>2003L002</u>			
Sir:						
Sir:			1282781US Date of Deposit <u>June 20, 2003</u> .			
			sited with the United States Postal Service "Express Mail			
			.10 on the date indicated above and is addressed to the			
•	Assista	ant Commissioner for Patents, Washington,	D.C. 20231.			
		Regina F. Anginoli	(Signature of person mailing paper or fee)			
-	(Тур	ed or printed name of person mailing paper or fee)	(Signature of person mailing paper or fee)			
Tranco	nitted her	ewith for filing is the patent application of	.0			
11411511	mucu nei	ewith for firing is the patent application of	1			
Invento	or: Vi	ncent Jean Marie MICHAUD, Jeremy Roge	er SPENCER, David LOUGHLIN, David Gordon BIRSE			
For:		ss for Forming Polyalkenyl Acylating Agen				
Enclos	ed are:					
	[X]	Specification and Claims with Declaration	n;			
	[] Specification and Claims without Declaration;					
	[]sheets of informal drawings;					
	[]	sheets of form	nal drawings;			
	[]	An assignment of the invention to	· · · · · · · · · · · · · · · · · · ·			
	[]	The certified copy of a priority applicatio	n;			
	[X]	Information Disclosure Statement, Form	- 1449;			
	[X]	Copies of citations as listed on attached F	form - 1449;			
	[]	Preliminary Amendment;				
	[X]	Address all future communications to:	Infineum USA L.P.			
	[A]	Address an future communications to.	Law Department			
			1900 East Linden Avenue			
		· •	P. O. Box 710			
		`	Linden, New Jersey 07036-0710			
	[]	Priority of application Serial No.	Filed on			
		in 'is claimed und	ler 35 USC 119.			
		(Country)				
	[X]	The Filing Fee is calculated below.				

CLAIMS AS FILED				
(1) For	(2) Number Filed	(3) Number Extra	(4) Rate	(5) Basic Fee \$750.00
Total Claims	29 - 20 =	9	x \$18.00	162.00
Independent Claims	1 -3 =	0	x \$84.00	0.00
Multiple Dependent Claim Fee			\$280.00	0.00
	912.00			

[X] Please charge my Deposit Account No. 05-1710 in the amount of \$___912.00_.

[X] The Assistant Commissioner is hereby authorized to charge any additional fees which may be required during the entire pendency of the application, or credit any overpayment, to Deposit Account No. 05-1710. A duplicate copy of this Form is enclosed.

June 20, 2003 Date of Signature

Attorney or Agent

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